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Naval Service Medical News (Nsmn) (96-14)

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HEADLINE: MOHCAT -- A Sound Improvement to Hearing Conservation  
NMCL Quantico, VA (NSMN) -- The staff at Naval Medical Clinic Quantico continues to seek out new ways to take health care to the deckplate. Their latest innovation is the Mobile Hearing Conservation and Audiometric Testing (MOHCAT) facility.

The MOHCAT will be used primarily to provide audiograms to the nearly 3,000 Marine Corps Base personnel who must participate in the Hearing Conservation Program (HCP), managed by the Occupational Health/Preventive Medicine Directorate, a part of the main clinic.

The MOHCAT is a self-supporting unit capable of providing four audiograms, or hearing tests, simultaneously. It is equipped with a computer capable of running and printing audiograms.

By taking this capability to personnel in the HCP who work at outlying areas on base, thousands of hours of productivity will be saved. Currently, the average time for a single audiogram, including transportation to and from the clinic, is approximately three hours. The mobile facility should decrease lost time by 75 percent.

Naval Medical Clinic Quantico received the MOHCAT through a property transfer from Naval Hospital Camp Pendleton, CA, last year. Camp Pendleton still has a MOHCAT, as do San Diego; Norfolk, VA; Bremerton, WA; Great Lakes, IL; Groton, CT; Newport, RI; Camp Lejeune, NC; Jacksonville and Pensacola, FL; and Pearl Harbor.

The staff of Naval Medical Clinic Quantico provides medical support to approximately 14,000 active duty personnel and 2,000 civilian personnel stationed aboard the Marine Corps Base at Quantico in addition to all other eligible beneficiaries.

Story by HM2 Gerald P. Donnell and Mr. Keith A. Hakanen, Naval Medical Clinic Quantico

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HEADLINE: Musculoskeletal Task Force Expands at Camp Pendleton  
NAVHOSP Camp Pendleton, CA (NSMN) -- Rapidly expanding, the Musculoskeletal Task Force, formerly known as the Orthopedic Task Force, recently increased its field of operation. Originally, the task force was created to decrease waiting time for patients seeking orthopedic treatments ... thus Orthopedic Task Force. At present, the task force has successfully improved the process of treating patients for a variety of problems that were once all grouped into one category -- orthopedic.

The task force found that many patients going to the Orthopedic Clinic had conditions that were not surgical in nature. With early and appropriate evaluation and rehabilitation, most patients will return to full active duty without intervention by the Orthopedic Clinic. These non-orthopedic patients are currently being seen at the Sports Medicine, Chiropractic, Podiatry or Physical Therapy clinics.

Since the program began in June 1995, the previous 10-week waiting period at the Orthopedic Clinic has dropped to three weeks, and the average surgery waiting list of 100 has dropped to zero.

CDR Ronald Woodruff, MSC, led the task force since its inception. "Since we started the task force," said Woodruff, "our main concentration has been on changing the way we thought about patients referred to the Orthopedic Clinic. We needed to step outside the box where we had trapped ourselves into accepting the status quo."

Another paradigm broken by the task force was the idea that only Medical Department personnel need to be included in decision-making on the Musculoskeletal Task Force. Recently, 1stLt John Williamson, USMC, from Camp Pendleton's School of Infantry joined the task force.

On 18 March, LT Shawn Humphries from the Physical Therapy Department took charge of the Musculoskeletal Task Force upon Woodruff's retirement from the Navy.

Story by HM2 Jack Kovic, Naval Hospital Camp Pendleton

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HEADLINE: Nominations for Multiple AMSUS Awards Sought

AMSUS Bethesda, MD (NSMN) -- The Association of Military Surgeons of the United States has released its AMSUS 1996 Annual Awards Program, which lists all AMSUS awards and nomination requirements. There are more than two dozen awards covering a wide spectrum of expertise and accomplishments. The deadline for nominations and essay submissions is 31 May 1996.

Each Navy Medical Department officer community has a point of contact for AMSUS awards specific to their corps. They are:

-- Medical Corps: LCDR D.K.H. Smith, MSC, MED 00MCA  
(202) 762-3059, DSN 762-3059  
email: nmc9dks@bms220.med.navy.mil

- Dental Corps: CDR Dave Karaman, DC, MED 00DCB1  
(202) 762-3025, DSN 762-3025  
email: nmc0jdk@bms220.med.navy.mil
- Medical Service Corps:  
LCDR Christine Grabowski, MSC, MED 00MSCR  
(202) 762-3055, DSN 762-3055  
email: nmc0cmg@bms220.med.navy.mil
- Nurse Corps: CAPT Betsy Morris, NC, MED 00NCBR  
(202) 762-3040, DSN 762-3040  
email: nmc0emm@bumed60.med.navy.mil

Four awards are not corps specific. Basics on these awards are below.

-- Gorgas Medal for distinguished work in preventive medicine. AMSUS members or those eligible for membership can be nominated.

-- Paul Dudley White Award in recognition of a significant advancement in the field of cardiology leading to better health care for the people of the world. Nominations from AMSUS members are encouraged.

-- New York-Tidewater Chapters History of Military Medicine Essay Award spotlights military medicine's history. All AMSUS members in good standing are eligible to submit an essay addressing some aspect of the history or evolution of military medicine. The topic is not limited to U.S. Armed Forces military medicine.

-- Sir Henry Wellcome Medal and Prize for a published article on biomedical research and development. All articles published during 1995 in AMSUS's journal, Military Medicine, are automatically entered into the competition. Nominations of articles appearing in 1995 in other peer-reviewed publications are also solicited. Authors must be AMSUS members or eligible for membership. Candidates should note that the award for this year's winner has increased from \$1,000 to \$2,000.

For more details on these awards, request a copy of the Awards Program from AMSUS, 9320 Old Georgetown Rd., Bethesda, MD 20814; (301) 897-8800 or email milmed@amsus.org .

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HEADLINE: Marine Forces Reserve Announces Sailors of the Year  
MARFORRES New Orleans (NSMN) -- Two Corpsmen in the Navy Reserve will be honored by the commanding general, Marine Forces Reserve, as Sailors of the Year. MajGen Thomas L. Wilkerson, USMC, announced the selections in a message to all Marine Forces Reserve Activities:

"I have the distinct pleasure to announce the selection of the calendar year 1995 Marine Reserve Forces I-I Sailor of the Year, and the Selected Reserve Sailor of the Year.

"HM1 Russell Ross, USNR-R, Weapons Company, 1st Battalion, 23d Marines, Bossier City, LA, has been selected as the MARFORRES Selected Reserve Sailor of the Year.

"HM2 Steven Foley, USNR(TAR), Marine Wing Support Group 473, Detachment B, Oak Harbor, WA, has been selected as the Marine Forces Reserve I-I Sailor of the Year.

"Both of the Sailors were selected from a highly competitive

group of nominees based on their demonstrated superior performance, leadership, initiative, dedication to duty, contributions to the Navy And Marine Corps team, and to the civilian community.

"I look forward to meeting these professional Sailors at ceremonies that will be held in New Orleans during May 1996."

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HEADLINE: DACOWITS Holds Spring Conference 17-21 April

DACOWITS Washington (NSMN) -- Secretary of Defense William Perry has announced that the Defense Advisory Committee on Women in the Services (DACOWITS) will hold its spring semiannual conference 17-21 April at the Tysons Westpark Hotel in McLean, VA.

The conference will be supported by the U.S. Marine Corps and presided over by Ms. Holly Hamphill, the DACOWITS Chair. It is open to the public and will include a general business session and subcommittee meetings with briefings and discussions on diversity training, career progression of women in non-traditional roles, domestic violence, joint policies on sexual harassment, and the sexual harassment complaint process.

All are encouraged to attend the open sessions. For more information, contact LCDR Dorothy L. Filbert, Navy Liaison to DACOWITS, at (703) 695-9230; DSN 225-9230.

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HEADLINE: 24th National Naval Officers Association Conference

CNO Washington (NSMN) -- In a recent NAVOP, Chief of Naval Operations ADM Mike Boorda provided details about the 24th National Naval Officers Association (NNOA) Conference and encouraged Navy participation.

The conference will be held 16-20 July 1996 in Richardson, TX, at the Omni Richardson Hotel. This year's theme is "Creating Success in a Sea of Change."

The annual conference includes over 30 hours of educational and professional development workshops, seminars, and exhibitions, all of which are designed to enhance the professional knowledge of attendees while increasing overall awareness of issues affecting the sea services.

Registration applications must be received by the NNOA Management Office by 30 June 1996, C/O QMCS, 40 Lake Edge Dr., Euclid, OH 44123. There will be no on-site registration this year. For more information or to obtain an application call 1 800 772-6662. NNOA point of contact is CDR Mike Hill, (703) 681-3930; DSN, 761-3930. NAVY staff point of contact is CAPT Clyde Marsh, N-00E, (703) 697-8554; DSN 227-8554.

NAVOP 006/96 of 25 March 1996 has more information.

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HEADLINE: CHAMPUS Round-up

OCHAMPUS Aurora, CO (NSMN) -- Following are some important reminders from CHAMPUS, the Civilian Health and Medical Program of the Uniformed Services. If you have questions about these issues or any other aspect of your coverage, talk to the Health

Benefits Advisor (HBA) at your local military medical treatment facility.

-- In order to get your CHAMPUS/TRICARE claims paid, you must be listed as CHAMPUS-eligible on DEERS, the Defense Enrollment Eligibility Reporting System. DEERS is a computerized data bank that contains the names of all active-duty, deceased and retired military sponsors and their CHAMPUS/TRICARE-eligible family members, and certain former spouses. This includes newborns, who must be enrolled in DEERS before claims for their care as CHAMPUS/TRICARE-eligible patients can be processed. Active duty and retired military sponsors are automatically entered into DEERS, but their family member are not. For information on how to enroll your eligible family members, visit your military personnel office (personnel support activity or detachment). For information on DEERS enrollment, you may contact the DEERS Telephone Center from 0600-1700, Pacific Time, Monday-Friday at the following numbers: 1 800 334-4162 (California only); 1 800 527 5602 (Alaska and Hawaii only); 1 800 538-9552 (all other states).

-- The mailing address and toll-free number for CHAMPUS claims in Minnesota, Wisconsin, Iowa, West Virginia, Kentucky and Ohio changed 1 July 1995. The new claims processor for the six states is Palmetto Government Benefits Administrators, CHAMPUS Claims, P.O. Box 100598, Florence, SC 29501-0598; 1 800 471-0704.

-- On 1 November 1995, Foundation Health Federal Services (FHFS) began TRICARE operations in Region 6 (Oklahoma, Arkansas, and most of Texas and Louisiana). Toll-free phone numbers include: 1 800 406-2832, for families and sponsors; 1 800 406-2833, for providers of care; and 1 800 406-2832, for general TRICARE information. Claims for family members should be sent to FHFS, P.O. Box 17304, Tucson, AZ 85731-7304. Hospice claims should be sent to FHFS, P.O. Box 18778, Tucson, AZ 85731-8778.

-- When an active duty service member dies, CHAMPUS/TRICARE will share the cost of covered services provided to his or her eligible family members on an "active duty basis" for one year after the member's death. This means the family will continue to receive care for one year at the active duty cost-share rate.

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#### HEADLINE: TRICARE Questions and Answers

BUMED Washington (NSMN) -- As TRICARE comes on line across the country, beginning last year and expected to be available throughout the United States by May 1997, questions about this Department of Defense managed health care program come up. Each week, the Naval Service Medical News will include "TRICARE Questions and Answers" to answer them.

Q: Why do retirees have to pay an enrollment fee when we were promised free care for life?

A: DOD is committed to providing beneficiaries with as much care as possible. While many beneficiaries state they were told they would have free medical and dental care for life based on former military service, the law never provided non-active duty

beneficiaries an unqualified commitment for unlimited medical care without charge. What has traditionally been misunderstood by former members and their families is that while they are "eligible" for care in military medical treatment facilities, they are not "entitled" to that care except as resources permit. Title 10, United States Code, states that retired personnel "may, upon request, be given medical and dental care in any facility of any uniformed service, subject to the availability of space and facilities and the capabilities of the medical and dental staff." Unfortunately, those capabilities can no longer fully meet the demands for health care.

Free medical care has not been a reality for most retirees for many years. Fewer and fewer retirees have been able to access care in the military facilities, and more have had to seek care through CHAMPUS and Medicare. With annual deductibles, 25 percent copayments, and multiple bills for the hospital, doctors, tests, ambulances, not to mention balance billings, it has been a very expensive experience for most retirees. TRICARE Prime was designed to give those retirees options that would allow them to obtain their health care at a relatively low cost overall.

Remember that many military retirees don't live within a military catchment area and have no choice but to obtain care under Standard CHAMPUS. Many pay additional costs for CHAMPUS supplemental insurance. TRICARE Prime gives the retiree an improved option; the TRICARE Extra Program allows retirees the option to obtain less expensive care and eliminate the possibility of balance billing in the process.

If you have questions about TRICARE you'd like answered in this column, please contact the editor (see last paragraph of this message on ways to do so).

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HEADLINE: HEALTHWATCH: Basic Fracture Description

NAVHOSP Jacksonville, FL (NSMN) -- Fractures come in millions of possible types. But just a few specifics can describe a fracture.

The most important aspects of the fracture don't even directly relate to the bone. The three most important questions to be answered concern the soft tissue around the bone.

- Is the fracture "open" or "closed"?
- Are the nerves and vessels working?
- Is the injury "high energy" or "low energy"?

If the fracture is "open," the bone is exposed to the outside environment with all of its bacteria, dirt and debris, which may be injected or entered into the fracture. The longer a fracture is open, the greater the risk of contamination, infection and complications.

A fracture may have sharp ends that impale, cut, stretch or otherwise damage the nerves and vessels. Even relatively "dull" ends of bones can push and damage nerves and cut off adequate blood supply. If an artery is severed, the patient may lose enough blood to require transfusion. If blood flow is blocked, the resultant inadequate blood flow may lead to amputation.

A simple crunch or blunt trauma, or "low energy" injury, rarely causes major muscle, nerve, tendon or blood vessel injury. A higher energy injury needs more bodily tissue to buffer or dissipate, and can irreversibly damage the soft tissues. To illustrate, compare a gunshot wound with a bowling ball. Although a bowling ball is heavy and can break an ankle, foot, hand, etc., it can't move at the high speeds attainable with the bullet. The faster an object moves, the more energy must be dissipated.

When it comes to the bone itself, fractures can be described by the number of pieces, the bone involved and its location. A simple fracture leaves two pieces. A comminuted fracture has three or more pieces. Fractures are also described by how much they are displaced, rotated or angulated -- all important in determining if they need to be fixed with casting or hardware.

In conclusion, fractures have their own personalities. Some are bad (open, neurovascular compromise, high energy, comminuted, into the joint, displaced, rotated and angulated). Some may not be as bad (closed, nerves and vessels intact, low energy, simple, not into the joint, not displaced, not rotated, not angulated). Unfortunately, fractures have inherent personality flaws and there are no "good" fractures.

Story by LCDR Jack Michalski, MC, Orthopaedic Surgeon, Naval Hospital Jacksonville

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3. Professional Notes: Information on upcoming symposiums, conferences or courses of interest to Navy Medical Department personnel and wrap-ups on ones attended. Anyone with information to share in this section should contact the editor (see the last paragraph of this message on ways to do so).

Scheduled meetings:

-- 15-18 April, 1996 Commander In Chief, U.S. Atlantic Fleet, Surgeons Conference, with 18 April designated for Fleet/Force Medical Officers/Senior Medical Enlisted representatives; for other attendees -- RLCs, TYCOMM medical officers and medical treatment facility COs -- the conference will adjourn 17 April. Conference to be held at the Norfolk Airport Hilton Hotel, Norfolk, VA. For information, contact HMCM(SS) Raney, DSN 564-6160, (804)444-6160.

-- 17 April, Third Annual Hospice Foundation of America Teleconference -- "Living with Grief: After Sudden Loss." For more information, call Mr. John Dewey, (202) 638-5419.

-- 19-24 May, Health Promotion Training Course, sponsored by the Navy Environmental Health Center, Norfolk, VA. For more information, contact Ms. Becky Washburn, (804) 363-5598; DSN 864-5598.

-- 22-25 May, 1996 National Image Training Conference and Convention, Salt Lake City, UT. The Armed Forces Banquet of this national Hispanic organization will be 23 May. For more information, see NAVADMIN 299/95, CNO Washington message 131122Z DEC 95, or call LCDR E.D. Olmo, DSN 224-2007 or (703) 614-2007.

-- 23-25 May, 12th Annual Current Issues in Anatomic Pathology, San Francisco, sponsored by the University of

California. For information, contact (415) 476-4251.

-- 9-12 June, 31st Annual Conference of the Association for the Care of Children's Health, Albuquerque Convention Center, New Mexico. This year's theme is "Humanizing Healthcare: Renewing the Spirit of Our Work." For a preliminary conference program or more information, contact the ACCH Conference Office at (301) 593-2487.

-- 26-29 August, Navy Surgeon General's Leaders Conference, Crystal Gateway Marriott Hotel, Arlington, VA. BUMED Washington 091700Z MAR 96 provides conference guidance and details on who may attend. For hotel information, call 1 800 228-9290 or (703) 920-3230.

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HEADLINE: Corpsmen Hold First Symposium in Hawaii

NMCL Pearl Harbor (NSMN) -- Naval Medical Clinic Pearl Harbor recently sponsored the first Hawaii Hospital Corpsman Symposium. The conference, titled, "Progress Through Knowledge," was a medical cornucopia attended by over 250 Hospital Corpsmen from submarines, ships and shore commands from the Pearl Harbor area.

The Corpsmen attended an eight-hour seminar encompassing an intense schedule of guest speakers, including Force Master Chief HMCM(SS) Michael Stewart from the Bureau of Medicine and Surgery. The event also provided the Corpsmen the opportunity to visit a career fair with over 15 different Navy Enlisted Codes represented, such as diving Independent Duty Corpsmen (IDCs), submarine IDCs, surface IDCs, Fleet Marine Force, aviation medicine, search and rescue, preventive medicine, SEALs, pharmacy and more.

RADM Gordon S. Holder, commander, Naval Base Pearl Harbor, opened the program by highlighting the many significant contributions of the Hospital Corps to the Navy, including 21 Medal of Honor recipients. Holder encouraged the continuation of strong leadership within the community to take Navy medicine into the 21st century, and stressed the importance and advantages that the newly developed "telemedicine" brings to the Navy.

The symposium covered topics ranging from improving communication skills to career progression. Attendees were treated to an inspiring speech on leadership and presentations on emergency medicine and "C" school opportunities.

The event received high praises from many who attended. "This is the first ever Hospital Corpsman Symposium that I am aware of," said Stewart, "and it's a true show of appreciation to our Hospital Corpsmen."

Story by LT Mark Stevenson, MSC, Branch Medical Clinic Makalapa

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HEADLINE: Conference Showcases Integrated Delivery Systems

ACMCM Richmond, VA (NSMN) -- The National Association of Managed Care Physicians, American Association of Managed Care Nurses and the American Association of Physician Hospital Organizations/Integrated Delivery Systems are jointly sponsoring



the TRICARE-VA-HCFA Worldwide Conference, titled "Purchasers + Providers = The Future," to be held at the Crystal Gateway Marriott in Arlington, VA, 17-18 May 1996. This conference involves the largest integrated delivery systems in the world -- Department of Veteran Affairs and the Department of Defense -- and the largest payers of health care in the world -- the Health Care Financing Administration and the National Business Coalition on Health.

Topics will focus on the requisite skills and leadership abilities to transition a system from an acute care focus to a continuum of care approach, i.e. home health and health promotion/disease prevention. Managed care partnership opportunities of public and private sector organizations will also be explored.

TRICARE and the Veterans Integrated Service Networks (VISNs) will be discussed, along with topics on how integrated delivery systems can save millions of dollars through cost reduction strategies achieved by "systems" thinking vs. stand alone thinking.

For further information, please call the National Association of Managed Care Physicians at 1 800 722-0376 and ask to speak with Allison or Jeanette.  
Story by Mr. Randy Killian, American College of Managed Care Medicine

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HEADLINE: Operational Preventive Medicine Course 1996

NEPMU5 San Diego (NSMN) -- Navy Environmental and Preventive Medicine Unit No. 5 (NEPMU5) in San Diego will be conducting the Fourth Annual Operational Preventive Medicine Course (OPMC-96) from 8-19 July 1996. This course introduces uniformed service personnel to field-based preventive medicine. Course content is based on lessons learned during combat, natural disaster assistance and humanitarian operations.

Upon completion of the OPMC, each student will be able to plan, implement, monitor and evaluate preventive medicine programs that enhance and maintain the readiness of operational forces. Topics included in the last years OPMC include: medical intelligence gathering, field sanitation, infectious disease surveillance in the field, entomological surveillance and control, and several retrospective deployment discussions. Also included in the course is a two-day field exercise at Field Medical Service School, Camp Pendleton, CA. Service specific field uniforms are required.

The course is open to all active and Reserve medical personnel including medical corps, physician assistants, nurse corps, environmental health officers, independent duty corpsmen and senior preventive medicine technicians (E6 and above). The course has been approved for approximately 60 Category I CME (continuing medical education) credits.

To enroll in OPMC-'96, contact the NEPMU5 Training Officer as soon as possible, but no later than 7 June, at (619) 556-7086, DSN 526-7086 or email nepmu5@trout.nosc.mil .

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